

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.



FUNERAL DIRECTOR APPRENTICESHIP
APPLICATION FOR INITIAL APPRENTICE CONTRACT AND PERMIT

IMPORTANT: This application must be completed and accompanied by the permit fee, official transcripts and the Certificate of Employer (Form #387).

FOR OFFICE USE ONLY

PERMIT #: _____
START DATE: _____
EXPIRES: _____

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) ____ - ____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Applicant Education and Training Background: Circle the highest school year completed: 8 9 10 11 12 13 14 15 16 17 18 19 20 GED HSED
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College or University You Attended for Your First Year of Education (name, address, dates): **Submit the official transcript along with this application.**

For Receiving Use Only

Are you currently: ☐ Attending Mortuary School ☐ Serving Internship

If so, provide dates. _____
If not, give date of expected enrollment. _____

Previous Funeral Director Experience:

Application Fee: Make check payable to Department of Regulation and Licensing and attach to application.

\$ 10.00 Apprentice permit fee

EMPLOYER APPLICATION

Establishment Name: _____ License #: _____
Establishment Address: _____
Name of Owner: _____ Wis. Unemployment #: _____
Name of Funeral Director Sponsor _____ License #: _____
Daytime Telephone #: _____ FAX #: _____
Year Business Started: _____ Trained Apprentices Before? ☐ Yes ☐ No
Will embalming be performed at this location? ☐ Yes ☐ No
If No, provide the name and address of the embalming location:

Number of funerals performed in the previous year at the establishment: _____
Number of licensed funeral directors in this establishment: _____
Number of apprentices in this establishment: _____
Starting hourly wage for a licensed funeral director in this establishment: \$ _____
Proposed Apprenticeship Start Date: (NOTE: Apprentice may not begin practicing
until the Contract and Permit have been approved.) _____

NAMES OF LICENSED FUNERAL DIRECTORS AND APPRENTICES NOW EMPLOYED AT ESTABLISHMENT

Name	Date Employed or Contract Issued	License Number
1.		
2.		
3.		
4.		

Attach an additional sheet, if necessary.

Any misrepresentation contained herein shall be grounds for denial of your request for an apprentice.

Signature of Licensed Funeral Director Sponsor

Date Signed

APPRENTICE INFORMATION

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| A. Have you ever been convicted of a *misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? _____

*Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the Board is subject to sec. 111.321, 111.322, and 111.335, Stats.

AFFIDAVIT OF APPRENTICE APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential (permit), failure to comply with the laws or rules of either the Funeral Directors Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Apprentice Applicant

Date

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name

Middle Initial

Last Name

Profession

Date of Birth

month

day

year

			-			-				
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Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of Birth	Social Security Number
_____ month day year	_____ Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____

2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

State of _____ County of _____

Signed and sworn before me this _____ day of _____, 20 _____ by _____
(applicant's name)

Signature of Notary Public

My commission (is permanent) _____ expires _____.

SEAL

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FUNERAL DIRECTORS EXAMINING BOARD

CERTIFICATE OF EMPLOYER

I, _____ holding funeral director license # _____
(Name of licensee under whom apprenticeship is being served)

agree to comply with the requirements of the law providing that if the apprentice under my supervision leaves my employ, it shall be my duty to give said apprentice an affidavit showing the length of time served as an apprentice with me and the work done in detail. SUCH AFFIDAVIT SHALL BE FILED WITH THE FUNERAL DIRECTORS EXAMINING BOARD BY THE APPRENTICE AND MADE A MATTER OF RECORD IN THAT OFFICE.

I, under the penalties of perjury, certify that the above requirements shall be met.

Starting date of apprentice's: APPRENTICESHIP _____ EMPLOYMENT _____

_____ Date _____ Name of Funeral Establishment _____

_____ Funeral Director Signature _____ Street Address _____

_____ City _____ State _____ Zip Code _____

I, _____ have entered the employ of _____
(Name of Apprentice) (Name of Funeral Establishment)
and will serve my apprenticeship under the supervision of _____
(Licensed Funeral Director)

I shall notify the Funeral Directors Examining Board and forward the affidavit showing the length of time served under the previous funeral director if I enter the employ of another licensed funeral director in this state. I understand that my certificate of registration must be renewed annually upon the payment of the renewal fee of \$10.00 before January 1, of each year.

I, under the penalties of perjury, certify that the above requirements shall be met.

_____ Apprentice Signature _____ Social Security # _____ Date _____

_____ Name of Funeral Establishment _____

_____ Street Address _____

_____ City _____ State _____ Zip Code _____

For Receipting Use Only